

**OFFICER'S NARRATIVE:** DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC. IF NECESSARY, INDICATE DAMAGE TO PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE. REFER TO EACH BY VEHICLE NUMBER

PAGE #

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NON-COLLISION WITH MOTOR VEHICLE A	REAR END B	HEAD-ON C	RIGHT ANGLE D	LEFT TURN E	LEFT TURN F	LEFT TURN G	RIGHT TURN H	RIGHT TURN I	SIDESWIPE SAME J	SIDESWIPE OPPOSITE K	OTHER L	MANNER OF COLLISION <input type="checkbox"/>
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VEH	DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
	HEADED	ON STREET, HIGHWAY OR DRIVE			EST.	POSTED	FR	FL	RR	RL
1	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DAMAGE TO VEHICLE 1		DAMAGE TO VEHICLE 2	
<b>AREA DAMAGED</b>  N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE R- UNKNOWN	<b>EXTENT OF DEFORMITY</b> 1ST <input type="checkbox"/> A- NONE 2ND <input type="checkbox"/> B- VERY MINOR 3RD <input type="checkbox"/> C- MINOR 4TH <input type="checkbox"/> D- MINOR/MODERATE 5TH <input type="checkbox"/> E- MODERATE 6TH <input type="checkbox"/> F- MODERATE/SEVERE 7TH <input type="checkbox"/> G- SEVERE 8TH <input type="checkbox"/> H- VERY SEVERE 9TH <input type="checkbox"/> I- UNKNOWN	<b>AREA DAMAGED</b>  N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE R- UNKNOWN	<b>EXTENT OF DEFORMITY</b> 1ST <input type="checkbox"/> A- NONE 2ND <input type="checkbox"/> B- VERY MINOR 3RD <input type="checkbox"/> C- MINOR 4TH <input type="checkbox"/> D- MINOR/MODERATE 5TH <input type="checkbox"/> E- MODERATE 6TH <input type="checkbox"/> F- MODERATE/SEVERE 7TH <input type="checkbox"/> G- SEVERE 8TH <input type="checkbox"/> H- VERY SEVERE 9TH <input type="checkbox"/> I- UNKNOWN

CITATION NO	VEH. 1	VEH. 2	R.S. OR OPD. NO
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	